

Office of Assemblyman Ted Gaines

Internship Application



Please complete the following information

Name: _____

Email Address: _____

Home Address: _____

Home Phone: _____

Family Contact and Phone Number: _____

School Address: _____

School Phone: _____

College/University: _____

Academic Major: _____ Current grade level: _____

Anticipated year of graduation: _____ GPA: _____

Do you intend to receive academic credit for this internship? _____

Beginning and Ending date of internship: _____

List Names, Addresses, and Phone Numbers of three References:

1. _____

2. _____

3. _____

List organizations, club, teams, etc. that you have been involved with:

List your computer skills:



Please complete the following questions and provide an example for each answer. Please answer these questions on a separate page.

1. Have you worked in an office environment before?
2. Do you handle pressure well?
3. Do you consider yourself well organized?
4. What are you expectations of the internship?
5. Name a public figure you admire. Please explain.
6. Why do you want to intern with Assemblyman Gaines?

Please fax these completed materials, along with cover letter and resume to:

Assemblyman Ted Gaines
Attn: Internship Coordinator
FAX (916) 319 - 2104